

**CERTIFICATE OF TRANSMISSION****Date of Transmission: 21 December 2005**

I hereby certify that the following correspondence is being facsimile transmitted to the attention of the Director of the US Patent and Trademark Office on the above date via the following facsimile number: 571-273-2885.

Reply to Notice of Allowance (2 sheets)  
PTOL-85 Part B - Fee(s) Transmittal (1 sheet)  
PTO/SB/122 Change of Correspondence Address Application (1 sheet)  
PTO/SB/17 Fee Transmittal Form (1 sheet)  
PTO-2038 Credit Card Payment Form (1 sheet)

Application Number 10/035,306  
Confirmation No.: 2036  
Filing Date: 07 November 2001  
Document Submission Date: 21 December 2005

Art Unit: 2144  
Examiner: Pearson, Yvette B.  
Inventor: Chakravarti, Arvind B.

**Docket: 2000-0534 (1014-164)****Pages: 7**

21 Dec 2005

Date

Eden Brown

Name of Certifier

Signature of Certifier

**PATENT****Application # 10/035,306****Attorney Docket # 2000-0534 (1014-164)****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Arvind S. Chakravarti  
Application # : 10/035,306  
Confirmation # : 2036  
Filed : 7 November 2001  
Application Title : PROACTIVE PREDICTIVE PREVENTATIVE NETWORK  
MANAGEMENT TECHNIQUE  
Art Unit # : 2144  
Latest Examiner : Yvette B. Pearson

**Mail Stop Issue Fee**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REPLY TO NOTICE OF ALLOWANCE**

In reply to the Reasons for Allowance included in the Notice of Allowance mailed on 3 November 2005, the three month shortened statutory period for responding to which expires on 3 February 2006, the following remarks are respectfully submitted:

**PATENT**

**Application # 10/035,306**

**Attorney Docket # 2000-0534 (1014-164)**

**REMARKS**

**Comments on Statement of Reasons for Allowance**

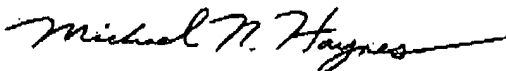
The Examiner is respectfully thanked for the consideration provided to this application, and for allowing the claims. To the extent that any statements provided in the Reasons for Allowance reference any allowed claim without quoting the actual language of that allowed claim, attempt to characterize, and/or actually characterize the subject matter of any allowed claim, Applicant respectfully traverses.

**CONCLUSION**

The Office is hereby authorized to charge any additional fees or credit any overpayments under 37 C.F.R. 1.16 or 1.17 to Deposit Account No. 50-2504. The Examiner is invited to contact the undersigned at 434-972-9988 to discuss any matter regarding this application.

Respectfully submitted,

Michael Haynes PLC



Date: 21 December 2005

Michael N. Haynes  
Registration No. 40,014

1341 Huntersfield Close  
Keswick, VA 22947  
Telephone: 434-972-9988  
Facsimile: 815-550-8850